

HB0273



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

HB0273

by Rep. Kathleen Willis

SYNOPSIS AS INTRODUCED:

215 ILCS 5/356z.2
305 ILCS 5/5-16.8

Amends the Illinois Insurance Code. In provisions concerning coverage for anesthetics provided in conjunction with dental care to an individual diagnosed with autism spectrum disorder, removes the requirement that the individual be under age 19. Amends the Illinois Public Aid Code. Provides that the medical assistance program shall include coverage for anesthetics provided in conjunction with dental care to an individual diagnosed with autism spectrum disorder.

LRB101 03955 SMS 48963 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Illinois Insurance Code is amended by
5 changing Section 356z.2 as follows:

6 (215 ILCS 5/356z.2)

7 Sec. 356z.2. Coverage for adjunctive services in dental
8 care.

9 (a) An individual or group policy of accident and health
10 insurance amended, delivered, issued, or renewed after January
11 1, 2003 (the effective date of Public Act 92-764) shall cover
12 charges incurred, and anesthetics provided, in conjunction
13 with dental care that is provided to a covered individual in a
14 hospital or an ambulatory surgical treatment center if any of
15 the following applies:

16 (1) the individual is a child age 6 or under;

17 (2) the individual has a medical condition that
18 requires hospitalization or general anesthesia for dental
19 care; or

20 (3) the individual is a person with a disability.

21 (a-5) An individual or group policy of accident and health
22 insurance amended, delivered, issued, or renewed after the
23 effective date of this amendatory Act of the 101st General

1 ~~Assembly January 1, 2016 (the effective date of Public Act~~
2 ~~99-141)~~ shall cover charges incurred, and anesthetics provided
3 by a dentist with a permit provided under Section 8.1 of the
4 Illinois Dental Practice Act, in conjunction with dental care
5 that is provided to a covered individual in a dental office,
6 oral surgeon's office, hospital, or ambulatory surgical
7 treatment center if the individual ~~is under age 19 and~~ has been
8 diagnosed with an autism spectrum disorder as defined in
9 Section 10 of the Autism Spectrum Disorders Reporting Act or a
10 developmental disability. A covered individual shall be
11 required to make 2 visits to the dental care provider prior to
12 accessing other coverage under this subsection.

13 For purposes of this subsection, "developmental
14 disability" means a disability that is attributable to an
15 intellectual disability or a related condition, if the related
16 condition meets all of the following conditions:

17 (1) it is attributable to cerebral palsy, epilepsy, or
18 any other condition, other than mental illness, found to be
19 closely related to an intellectual disability because that
20 condition results in impairment of general intellectual
21 functioning or adaptive behavior similar to that of
22 individuals with an intellectual disability and requires
23 treatment or services similar to those required for those
24 individuals; for purposes of this definition, autism is
25 considered a related condition;

26 (2) it is manifested before the individual reaches age

1 22;

2 (3) it is likely to continue indefinitely; and

3 (4) it results in substantial functional limitations
4 in 3 or more of the following areas of major life activity:
5 self-care, language, learning, mobility, self-direction,
6 and capacity for independent living.

7 (b) For purposes of this Section, "ambulatory surgical
8 treatment center" has the meaning given to that term in Section
9 3 of the Ambulatory Surgical Treatment Center Act.

10 For purposes of this Section, "person with a disability"
11 means a person, regardless of age, with a chronic disability if
12 the chronic disability meets all of the following conditions:

13 (1) It is attributable to a mental or physical
14 impairment or combination of mental and physical
15 impairments.

16 (2) It is likely to continue.

17 (3) It results in substantial functional limitations
18 in one or more of the following areas of major life
19 activity:

20 (A) self-care;

21 (B) receptive and expressive language;

22 (C) learning;

23 (D) mobility;

24 (E) capacity for independent living; or

25 (F) economic self-sufficiency.

26 (c) The coverage required under this Section may be subject

1 to any limitations, exclusions, or cost-sharing provisions
2 that apply generally under the insurance policy.

3 (d) This Section does not apply to a policy that covers
4 only dental care.

5 (e) Nothing in this Section requires that the dental
6 services be covered.

7 (f) The provisions of this Section do not apply to
8 short-term travel, accident-only, limited, or specified
9 disease policies, nor to policies or contracts designed for
10 issuance to persons eligible for coverage under Title XVIII of
11 the Social Security Act, known as Medicare, or any other
12 similar coverage under State or federal governmental plans.

13 (Source: P.A. 99-141, eff. 1-1-16; 99-143, eff. 7-27-15;
14 99-642, eff. 7-28-16.)

15 Section 10. The Illinois Public Aid Code is amended by
16 changing Section 5-16.8 as follows:

17 (305 ILCS 5/5-16.8)

18 Sec. 5-16.8. Required health benefits. The medical
19 assistance program shall (i) provide the post-mastectomy care
20 benefits required to be covered by a policy of accident and
21 health insurance under Section 356t and the coverage required
22 under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.26, ~~and~~
23 356z.29, and 356z.32 and subsection (a-5) of Section 356z.2 of
24 the Illinois Insurance Code and (ii) be subject to the

1 provisions of Sections 356z.19, 364.01, 370c, and 370c.1 of the
2 Illinois Insurance Code.

3 On and after July 1, 2012, the Department shall reduce any
4 rate of reimbursement for services or other payments or alter
5 any methodologies authorized by this Code to reduce any rate of
6 reimbursement for services or other payments in accordance with
7 Section 5-5e.

8 To ensure full access to the benefits set forth in this
9 Section, on and after January 1, 2016, the Department shall
10 ensure that provider and hospital reimbursement for
11 post-mastectomy care benefits required under this Section are
12 no lower than the Medicare reimbursement rate.

13 (Source: P.A. 99-433, eff. 8-21-15; 99-480, eff. 9-9-15;
14 99-642, eff. 7-28-16; 100-138, eff. 8-18-17; 100-863, eff.
15 8-14-18; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised
16 10-4-18.)